



**Connecticut Department of  
Energy & Environmental Protection**  
Bureau of Materials Management & Compliance Assurance  
Water Permitting & Enforcement Division

# General Permit Registration Form for the Discharge of Stormwater from Small Municipal Separate Storm Sewer Systems (MS4)

CPPU USE ONLY	
App #:	_____
Doc #:	_____
Check #:	_____
Program: Stormwater Permits	

Please complete this form in accordance with the general permit (DEEP-WPED-GP-021) in order to ensure the proper handling of your registration. Please print or type unless otherwise noted. The Registration fee must be submitted with this registration.

## Part I: Registration Type

<p>1. This registration is for a (check one):</p> <p><input type="checkbox"/> New general permit registration</p> <p><input checked="" type="checkbox"/> Renewal of an existing registration</p> <p><input type="checkbox"/> A modification of an existing registration</p>	<p>For renewals or modifications:</p> <p>Existing permit number: GSM <u>000004</u></p>
<p>2. Registrant Type (check one):</p> <p><input type="checkbox"/> state institution/agency</p> <p><input type="checkbox"/> federal institution/agency</p> <p><input checked="" type="checkbox"/> municipality</p>	<p><b>Fees</b></p> <p>\$625.00 [513]</p> <p>\$625.00 [513]</p> <p>\$312.50 [513]</p>
<p>3. Municipality name or Municipality where institution is located: <u>Town of Plainville</u></p>	
<p>The registration will not be processed without the fee. The fee shall be non-refundable and shall be paid by check or money order to the Department of Energy and Environmental Protection or by such other method as the commissioner may allow.</p>	

## Part II: Registrant Information

<p>1. Registrant (Name of Municipality or State or Federal Institution/Agency): Town of Plainville</p> <p>Mailing Address: One Central Square</p> <p>City/Town: Plainville</p> <p>Business Phone: 860-793-0221</p> <p>Contact Person: John Bossi</p> <p>*E-mail: Bossi@Plainvill-ct.gov</p>		<p>State: CT</p> <p>ext.: 201</p> <p>Phone: 860-793-0221</p>	<p>Zip Code: 06062</p> <p>ext. 220</p>
<p>*By providing this e-mail address you are agreeing to receive official correspondence from DEEP, at this electronic address, concerning the subject registration. Please remember to check your security settings to be sure you can receive e-mails from "ct.gov" addresses. Also, please notify DEEP if your e-mail address changes.</p>			

## Part II: Registrant Information (continued)

**2. Billing contact, if different than the registrant.**

Name: Town of Plainville

Mailing Address: One Central Square

City/Town: Bristol

State: CT

Zip Code: 06062

Business Phone: 860-793-0221

ext.:

Contact Person: Robert Buden

Phone: 860-793-0221

ext. 233

\*E-mail: Rbuden@plainville-ct.gov

**3. Primary contact for departmental correspondence and inquiries, if different than the registrant.**

Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.:

Contact Person:

Phone:

ext.

\*E-mail:

**4. Attorney or other representative, if applicable:**

Firm Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.:

Attorney:

Phone:

ext.

\*E-mail:

**5. Facility Operator, if different than the registrant:**

Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.:

Contact Person:

Phone:

ext.

\*E-mail:

**7. Engineer(s) or other consultant(s) employed or retained to assist in preparing the registration or in designing or constructing the activity.** ☐ Check here if additional sheets are necessary, and label and attach them to this sheet.

Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.:

Contact Person:

Phone:

ext.

\*E-mail:

Service Provided:

- 8.** ☐ Check here if there are adjacent towns or other entities with which implementation of the Stormwater Management Plan is coordinated for a portion of the subject MS4. If so, provide the names of such towns or entities: \_\_\_\_\_

### Part III: Watershed Information

Provide the following information about the receiving water(s) that receive stormwater runoff from your MS4:

The watershed ID and impaired waters status can be found on the CT ECO website: <http://ctecoapp1.uconn.edu/advancedviewer/>

a) To what receiving stream, watershed or waterbody does your MS4 discharge?	b) What is your watershed ID (freshwater) or 305b ID (estuary)?	c.1) Is the receiving water identified as an impaired water?	If you answered yes to question c.1, then answer the question below.  c.2) Has any Total Maximum Daily Load (TMDL) been approved for your receiving waterbody?  For more information, go to <a href="http://www.ct.gov/deep/tmdl">www.ct.gov/deep/tmdl</a>	If you answered yes to question c.2, then answer the question below.  If TMDL, identify the impairment
Pequabuck River	4315-00-4	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	escherichia coli
Quinnipiac River	5200-00-1	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	escherichia coli
		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	
		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	
		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	
		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	
		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	
		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	
		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	
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		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	
		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	

☐ Check here if there are more receiving watersheds and attach an additional sheet listing them with the required information requested above.

#### Part IV: MS4 Information

1. Name of Municipality or State or Federal Institution/Agency : **Town of Plainville**

Primary Address or Location Description: **One Central Square**

City/Town: **Plainville**

State: **CT**

Zip Code: **06062**

2. **INDIAN LANDS:** Is there any activity included in, or proposed to be implemented by, your Stormwater Management Plan that will be located on federally recognized Indian lands? ☐ Yes ☒ No
3. **COASTAL BOUNDARY:** Is there any *new* activity included in, or proposed to be implemented by, your Stormwater Management Plan that will be located within the coastal boundary as delineated on DEEP approved coastal boundary maps?

☐ Yes ☒ No

If yes, and this registration is for a new authorization or a modification of an existing authorization where the physical footprint of the subject activity is modified, your Stormwater Management Plan must contain provisions to assure compliance with Connecticut's Coastal Management Act (CCMA), sections 22a-90 through 22a-112 of the Connecticut General Statutes (CGS), as amended.

Information on the coastal boundary is available at [www.cteco.uconn.edu/map\\_catalog.asp](http://www.cteco.uconn.edu/map_catalog.asp) (Select the town and then select coastal boundary. If the town is not within the coastal boundary you will not be able to select the coastal boundary map.) or the local town hall or on the "Coastal Boundary Map" available at DEEP Maps and Publications (860-424-3555).

4. **ENDANGERED OR THREATENED SPECIES:** According to the most current "State and Federal Listed Species and Natural Communities Map", is there any *new* activity included in, or proposed to be implemented by, your Stormwater Management Plan, that will be located within an area identified as a habitat for endangered, threatened or special concern species?

☐ Yes ☒ No

Date of Map:

If yes, your Stormwater Management Plan must contain provisions to assure compliance with the State Endangered Species Act CGS section 26-310(a).

For more information visit the DEEP website at [www.ct.gov/deep/nddbrequest](http://www.ct.gov/deep/nddbrequest) or call the NDDB at 860-424-3011.

5. **AQUIFER PROTECTION AREAS:** Is the MS4 or any portion of the MS4 located within a mapped Level A or Level B Aquifer Protection Area, as defined in CGS section 22a-354a through 22a-354bb?

☒ Yes ☐ No

If yes, your Stormwater Management Plan must contain provisions to assure compliance with the Aquifer Protection Regulations (section 22a-354i(1)-(10) of the Regulations of Connecticut State Agencies).

For more information on the Aquifer Protection Area Program visit the DEEP website at [www.ct.gov/deep/aquiferprotection](http://www.ct.gov/deep/aquiferprotection) or contact the program at 860-424-3020.

6. **CONSERVATION OR PRESERVATION RESTRICTION:** Is there any *new* activity included in, or proposed to be implemented by, your Stormwater Management Plan that will be located within a conservation or preservation restriction area?

☐ Yes ☒ No

If Yes, your Stormwater Management Plan must contain provisions to assure compliance with CGS section 47-42d where proof of written notice of this registration to the holder of such restriction or a letter from the holder of such restriction verifying that this registration is in compliance with the terms of the restriction, must be kept on site.

#### Part IV: MS4 Information (Continued)

7. **STATE AND FEDERAL HISTORIC PRESERVATION:** Is there any activity included in, or proposed to be implemented by, your Stormwater Management Plan that may result in impacts or potential effects on historic properties? ☐ Yes ☒ No

If Yes, your Stormwater Management Plan must contain provisions to assure consistency with the state Historic Preservation statutes, regulations, and policies including identification of any potential impacts on property listed or eligible for listing on the Connecticut Register of Historic Places. A review conducted for an Army Corps of Engineers Section 404 wetland permit would meet this qualification.

8. **DISCHARGE TO IMPAIRED WATERS:** Is there any activity included in, or proposed to be implemented by, your Stormwater Management Plan that will result in a **new or increased** discharge from the MS4 to waters listed as impaired in the most recent Connecticut Integrated Water Quality Report pursuant to Clean Water Act section 303(d) and 305(b)?

☐ Yes ☒ No

If Yes, your Stormwater Management Plan must demonstrate that there is no net increase in loading to the impaired water of the pollutant for which the waterbody is impaired.

9. **DISCHARGE TO HIGH QUALITY WATERS:** Any **new or increased** stormwater discharge to high quality waters shall be discharged in accordance with the Connecticut Anti-Degradation Implementation Policy in the Water Quality Standards.

#### Part V: Supporting Documentation

Check the applicable box below for each attachment being submitted with this registration form. When submitting any supporting documents, please label the documents as indicated in this part (e.g., Attachment A, etc.) and be sure to include the registrant's name as indicated on this registration form.

- ☒ Attachment A: Stormwater Management Plan: **(REQUIRED for ALL registrants)**  
☒ Provide URL: <http://www.plainville.com/engineering-department/pages/storwater-management-program>  
or  
☐ submit an electronic copy to the web address indicated at the end of this form.
- ☒ Attachment B: An 8 1/2" X 11" copy of the relevant portion or a full-sized original of a USGS Quadrangle Map indicating the exact location of the MS4/Institution/Agency. Indicate the quadrangle name on the map. **(REQUIRED for ALL registrants)**
- ☒ Attachment C: Best Management Practices Table (attached to this form) **(REQUIRED for ALL registrants)**

Stormwater Management Program PAGE

Link:

<http://www.plainvillect.com/engineering-department/pages/stormwater-management-program>

Stormwater Management Program DOCUMENT

Link:

[http://www.plainvillect.com/sites/plainvillect/files/uploads/stormwater\\_ms4\\_plan\\_3-2017.pdf](http://www.plainvillect.com/sites/plainvillect/files/uploads/stormwater_ms4_plan_3-2017.pdf)



## Part VI: Registrant Certification

The registrant *and* the individual(s) responsible for actually preparing the registration must sign this part. A registration will be considered insufficient unless *all* required signatures are provided *and are the proper signatory authority*. (If the registrant is the preparer, please mark N/A in the spaces provided for the preparer.)

"I hereby certify that I am making this certification in connection with a registration under the General Permit for the Discharge of Stormwater from Small Municipal Separate Storm Sewer Systems (MS4), submitted to the commissioner by Enter Name of Registrant for an activity located at or within Enter Name of Municipality or state or federal institution or agency, and that all terms and conditions of the general permit are being met for all discharges which have been initiated and such activity is eligible for authorization under such permit. I further certify that a system is in place to ensure that all terms and conditions of this general permit will continue to be met for all discharges authorized by this general permit at the site. I certify that the registration filed pursuant to this general permit is on complete and accurate forms as prescribed by the commissioner without alteration of their text. I certify that I have personally examined and am familiar with the information that provides the basis for this certification, including but not limited to all information described in Section 3(b)(8)(A) of such general permit, and I certify, based on reasonable investigation, including my inquiry of those individuals responsible for obtaining such information, that the information upon which this certification is based is true, accurate and complete to the best of my knowledge and belief. I certify that I have made an affirmative determination in accordance with Section 3(b)(8)(B) of this general permit. I understand that the registration filed in connection with such general permit is submitted in accordance with and shall comply with the requirements of section 22a-430b of Connecticut General Statutes. I also understand that knowingly making any false statement made in the submitted information and in this certification may be punishable as a criminal offense, including the possibility of fine and imprisonment, under section 53a-157b of the Connecticut General Statutes and any other applicable law."



Signature of Registrant/Authorized Representative

March 31, 2017.

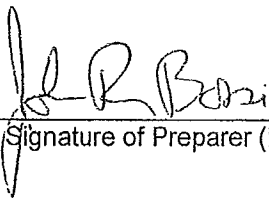
Date

Robert E. Lee

Printed Name of Registrant/Authorized Representative

Town Manager

Title (if applicable)



Signature of Preparer (if different than above)

Enter Date March 31, 2017

Date

John R. Bossi

Printed Name of Preparer

Director of Technical Services

Title (if applicable)

- ☐ Check here if additional signatures are required. If so, please reproduce this sheet and attach signed copies to this sheet. Signatures of any person preparing any report or parts thereof required in this registration (i.e., professional engineers, surveyors, soil scientists, consultants, etc.) must be included.

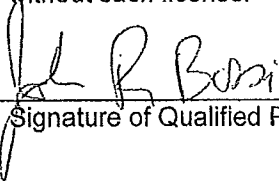


## Part VII: Qualified Professional Certification

The qualified professional, as defined in the subject general permit, must sign this part. A registration will be considered insufficient unless *all* required signatures are provided *and are the proper signatory authority*.

"I hereby certify that I am a qualified professional engineer, as defined in the General Permit for the Discharge of Stormwater from Small Municipal Separate Storm Sewer Systems. I am making this certification in connection with a registration under such general permit, submitted to the Commissioner by Enter Name of Registrant for an activity located at or within Enter Name of Municipality or state or federal institution or agency. I have personally examined and am familiar with the information that provides the basis for this certification, including but not limited to all information described in Section 3(b)(9)(A) of such general permit, and I certify, based on reasonable investigation, including my inquiry of those individuals responsible for obtaining such information, that the information upon which this certification is based is true, accurate and complete to the best of my knowledge and belief. I certify, based on my review of all information described in Section 3(b)(9)(A) of such general permit and on the standard of care for such projects, that I have made an affirmative determination in accordance with Section 3(b)(9)(B) of this general permit. I understand that this certification is part of a registration submitted in accordance with section 22a-430b of Connecticut General Statutes and is subject to the requirements and responsibilities for a qualified professional in such statute. I also understand that knowingly making any false statement in this certification may be punishable as a criminal offense, including the possibility of fine and imprisonment, under section 53a-157b of the Connecticut General Statutes and any other applicable law."

Nothing in this section shall be construed to authorize a professional engineer or a landscape architect to engage in any profession or occupation requiring a license under any other provision of the general statutes without such license.



Signature of Qualified Professional

March 31, 2017

Date

John R. Bossi

Printed Name of Qualified Professional

Director of Technical Services

Title (if applicable)

16404

Qualified Professional License Number

Enter Date

Date

Signature of Preparer (if different than above)

Enter Name

Printed Name of Preparer

Enter Title

Title (if applicable)



Check here if additional signatures are required. If so, please reproduce this sheet and attach signed copies to this sheet. Signatures of any person preparing any report or parts thereof required in this registration (i.e., professional engineers, surveyors, soil scientists, consultants, etc.) must be included.

All completed and supporting materials (along with the fee) are to be submitted to:

CENTRAL PERMIT PROCESSING UNIT  
DEPARTMENT OF ENERGY AND ENVIRONMENTAL PROTECTION  
79 ELM STREET  
HARTFORD, CT 06106-5127

An electronic copy must also be sent to [DEEP.StormwaterStaff@ct.gov](mailto:DEEP.StormwaterStaff@ct.gov)

## Best Management Practices (BMPs)

For each Minimum Control Measure (MCM), list existing or proposed BMPs, the department/parties that will be responsible for implementing each BMP, the goals(s) you expect to achieve, and the month and year that the BMP will be implemented. Please note that certain mandatory minimum BMPs identified in the MS4 General Permit are already listed.

Name of City/Town: **Town of Plainville**

Name of Institution (if applicable): **Town of Plainville**

Address: **One Central Square, Plainville, CT 06062**

Existing permit number (if applicable): **GSM 000004**

	<b>MCM(1) Public Education and Outreach</b>	<b>Responsible Department/Parties</b>	<b>Measurable Goal</b>	<b>Month/Year of Implementation</b>
1-1	Implement public education program	Technical Services	Number of Programs implemented	4/17 and Ongoing thereafter
1-2	Address education/outreach for pollutants of concern	Technical Services	Number of Topic Addressed including priorities	12/19
1-3				
1-4				
1-5				
1-5				
1-7				
1-8				
1-9				
1-10				
	<b>MCM(2) Public Involvement/Participation</b>	<b>Responsible Department/Parties</b>	<b>Measurable Goal</b>	<b>Month/Year of Implementation</b>
2-1	Comply with public notice requirements for the Stormwater Management Plan and Annual Reports	Technical Services	Compliance with Requirements	4/17 and ongoing thereafter
2-2				
2-3				
2-4				
2-5				
2-6				
2-7				
2-8				
2-9				
2-10				

### BMPs (continued)

	<b>MCM(3) Illicit Discharge Detection &amp; Elimination</b>	<b>Responsible Department/Parties</b>	<b>Measurable Goal</b>	<b>Month/Year of Implementation</b>
3-1	Develop written IDDE program	Technical Services	Adoption of Program	6/18
3-2	Develop list and maps of all MS4 stormwater outfalls in urbanized and priority areas	Technical Services	Identification of outfalls in a listing and location mapped	4/17 and ongoing thereafter
3-3	Develop citizen reporting program	Technical Services	Adoption of Formal Written Policies	6/17 and ongoing thereafter
3-4	Establish legal authority to prohibit illicit discharges	Technical Services/Town Attorney	Town Council adopting Ordinance	1/20
3-5	Develop record keeping system for IDDE tracking	Technical Services	Adoption Operating Procedures	6/18
3-6	Address IDDE in areas with pollutants of concern	Technical Services	Adoption of Program and listing of successful activities	6/20
3-7				
3-8				
3-9				
3-10				
	<b>MCM(4) Construction Site Runoff Control</b>	<b>Responsible Department/Parties</b>	<b>Measurable Goal</b>	<b>Month/Year of Implementation</b>
4-1	Implement, upgrade (as necessary) and enforce land use regs or other legal authority to meet requirements of MS4 general permit	Technical Services/Planning	Documentation of review and implemented modifications	4/17 and ongoing thereafter
4-2	Develop/implement plan for interdepartmental coordination in site plan review and approval	Planning	Adoption/implementation of applicable procedures	4/17 and ongoing thereafter
4-3	Review site plans for stormwater quality concerns	Technical Services/Planning	Identification of parameters to be reviewed develop/document checklist	4/17 and ongoing thereafter
4-4	Conduct site inspections	Technical Services/Planning/Building	Documentation of number of projects and corresponding inspections	4/17 and ongoing thereafter
4-5	Implement procedure to allow public comment on site development	Technical Services/Planning	Identify the number of Opportunities and comments	4/17 and ongoing thereafter
4-6	Implement procedure to notify developers about DEEP construction stormwater permit	Technical Services/Planning	Establish formal notification procedure	7/17 and ongoing thereafter
4-7				
4-8				
4-9				
4-10				

### BMPs (continued)

	<b>MCM(5) Post-Construction Stormwater Management</b>	<b>Responsible Department/Parties</b>	<b>Measurable Goal</b>	<b>Month/Year of Implementation</b>
5-1	Establish and/or update legal authority and guidelines regarding LID and runoff reduction in site development planning	Technical Services/Planning	Adoption of LID Practices	4/17 and ongoing thereafter
5-2	Enforce LID/runoff reduction requirements for development and redevelopment projects	Technical Services/Planning	Require elements as part of development activities	4/17 and ongoing thereafter
5-3	Implement long-term maintenance plan for stormwater basins and treatment structures	Technical Services/Roadways	Capital Project Priorities	4/17 and ongoing thereafter
5-4	DCIA mapping	Technical Services	Percentage of Town Area Completed	6/20
5-5	Address post-construction issues in areas with pollutants of concern	Technical Services	Identify issues Establish priorities address issues	6/20
5-6				
5-7				
5-8				
5-9				
5-10				
	<b>MCM(6) Pollution Prevention/Good Housekeeping</b>	<b>Responsible Department/Parties</b>	<b>Measurable Goal</b>	<b>Month/Year of Implementation</b>
6-1	Develop/implement formal employee training program	Technical Services/ Operational Public Works	Type and number of Programs Completed	4/17 and ongoing thereafter
6-2	Implement MS4 property and operations maintenance	Operational Public Works	Adoption and Implementation of program	4/17 and ongoing thereafter
6-3	Implement coordination with interconnected MS4s	Technical Services	Documentation of and coordination activities	1/20
6-4	Develop/implement program to control other sources of pollutants to the MS4	Technical Services	Written program and listing of activities	4/17 and ongoing thereafter
6-5	Evaluate additional measures for discharges to impaired waters	Technical Services	Identify measures and results	1/19
6-6	Track projects that disconnect DCIA	Technical Services	Identify projects and results	1/20
6-7	Develop/implement infrastructure repair/rehab program	Technical Services/Roadways	Identify projects and results	4/17 and ongoing thereafter
6-8	Develop/implement plan to identify/prioritize retrofit projects	Technical Services	Identify project and results	12/19
6-9	Develop/implement street sweeping program	Technical Services/Roadways	Document Activities	4/17 and ongoing thereafter
6-10	Develop/implement catch basin cleaning program	Technical Services/Roadways	Document Activities	4/17 and ongoing

6-11	Develop/implement snow management practices	Technical Service/Roadways	Document Activities	thereafter 4/17 and ongoing thereafter
	<b>Monitoring Requirements</b>	<b>Responsible Department/Parties</b>	<b>Measurable Goal</b>	<b>Month/Year of Implementation</b>
S-1	Outfall screening	Technical Services	Document the percentage of completion	12/18
S-2	Inventory and mapping of discharges to impaired waters	Technical Services	Document the percentage of completion	1/19
S-3	Follow-up investigations of drainage areas	Technical Services	Document number and findings	9/19
S-4	Annual monitoring of priority outfalls	Technical Services	Document location and submit results	1/19